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CONFIRMATION NO. 4489

<b>SERIAL NUMBER</b> 10/757,703	<b>FILING or 371(c) DATE</b> 01/15/2004 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 91301		
<b>APPLICANTS</b> Francois Lacoste, Paris, FRANCE; Antoine Tetard, Lyon, FRANCE; Christian Chaussy, Strasslach, FRANCE; Jean-Yves Chapelon, Villeurbanne, FRANCE;						
<b>** CONTINUING DATA *****</b> <i>None</i>						
<b>** FOREIGN APPLICATIONS *****</b> <i>26</i> FRANCE 03 00 348 01/14/2003						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/20/2004						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 15	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> WELSH & KATZ, LTD 120 S RIVERSIDE PLAZA 22ND FLOOR CHICAGO, IL 60606 UNITED STATES						
<b>TITLE</b> Therapy probe						
<b>FILING FEE RECEIVED</b> 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
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